



1-27-05 IP@

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Gunn III, et al. Attorney Docket No.: LUX-P002
Serial No.: 10/600,804 Group Art Unit: 2874
Filed: 06/19/2003 Examiner: Palmer, Phan T H
Title: Integrated Dual Waveguides

RESPONSE TO OFFICE ACTION

Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

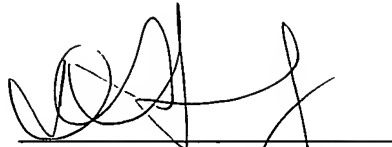
Sir:

In Response to the Office Action dated 12/28/2004, the Examiner has stated that
Claims 1-23 are subject to restriction or election requirement as follow:

1. Group I. (Claims 1-20), are drawn to an optical apparatus, classified in class 385, subclass 14.
2. Group II. (Claims 21-23), drawn to a maskwork, classified in class 359, subclass 629 .

In response to the Office Action dated December 28, 2004, Applicants hereby elect the Claims in Group I, namely, Claims 1-20, directed to an optical apparatus, classified in class 385, subclass 14. This election is made with traverse.

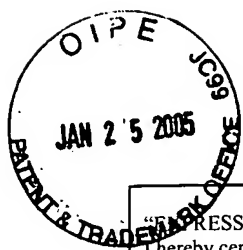
Please withdraw Claims 21-23 from further prosecution.


Dennis S. Fernandez, Esq.
Reg. No. 34,160

Date: 1/25/04

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If u

Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(c)
"EXPRESS MAIL" Mailing Label Number: EV 486427125 US Date of Deposit: 1/25/2005
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE
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Alexandria, VA 22313-1450.
Name: Chris Vo
1/25/2005
Signature Date Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gunn III, et al
Serial No.: 10/600,804
Filed: 6/19/2003
For: Integrated Dual Waveguides

Attorney Docket No. LUX-P002
Examiner: Phan T.H. Palmer
Art Unit: 2874

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- X a. An Amendment for this application: 2 pages.
b. Substituted Formal Drawings: _____ sheets.
c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
d. An Information Disclosure Statement under 37 CFR ____ 1.97(b) X 1.97(c)
X e. A stamped, self-addressed, return postcard.
f. A Check (# _____) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- a. Applicant is a Large Entity.
X b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of _____ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	_____ \$ 120.00	_____ \$ 60.00
ii. Two (2) month .	_____ \$ 450.00	_____ \$ 225.00
iii. Three (3) month .	_____ \$1,020.00	_____ \$ 510.00
iv. Four (4) month .	_____ \$ 1,590.00	_____ \$ 795.00
v. Five (5) month .	_____ \$ 2,160.00	_____ \$ 1080.00

Extension Time Fee Total: _____ .00 .

- X b. Applicants believe that no extension of time is required. However, this conditional petition is being made in case Applicants have inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	20	- 23 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$
b. Independent Claims	2	- 5=	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicants do not believe that any payment of fee is needed in association with this communication. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

FERNANDEZ & ASSOCIATES, LLP

Patent Attorneys

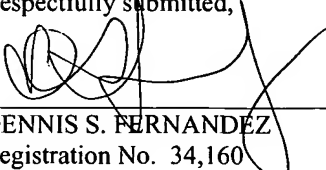
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Respectfully submitted,



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1/25/05
Date